

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
PROFESSIONAL EMPLOYER ORGANIZATION (PEO) PROGRAM

**APPLICATION FOR PROFESSIONAL EMPLOYER ORGANIZATION REGISTRATION
IN THE STATE OF HAWAII**

Pursuant to the provisions of Hawaii Revised Statutes (HRS) Chapter 373L concerning Professional Employer Organizations, the undersigned hereby makes the following statements for the purpose of obtaining a registration to conduct business as a Professional Employer Organization (“PEO”) in the State of Hawaii:

Initial Application _____ **Biennium Renewal** _____ **Restoration Application** _____

Every Applicant for an initial application or renewal application shall file with the Hawaii Department of Labor and Industrial Relations (the “Department”) a completed application form with required fee.

Pursuant to Chapter 373L, HRS, effective July 1, 2013, the following fees are applicable:

(1) Initial Registration fee	\$500.00
(2) Biennial Renewal fee	\$750.00
(3) Restoration fee	\$1,500.00

All checks for the above fees shall be made out to the “**State of Hawaii, Director of Finance**”.

GENERAL INFORMATION

Name of PEO _____

Type of business organization: (check one)

☐ **Sole Proprietorship** ☐ **Corporation** ☐ **S Corporation** ☐ **Partnership**
☐ **Limited Partnership** ☐ **LLC** ☐ **Other**

Employer Identification Number (EIN): _____

Department of Labor Number (DOL No.) _____

General Excise Tax Number: _____

Please list names under which PEO conducts or will conduct business:

PRINCIPAL PLACE OF BUSINESS**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____ **Website:** _____**OTHER OFFICES: (located in Hawaii Only)****Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____ **Website:** _____

Address: _____**City:** _____ **State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____ **Website:** _____**PRIMARY CONTACT PERSON AND BUSINESS ADDRESS****Name of Primary Contact Person:** _____**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Telephone:** _____ **Fax:** _____ **Email:** _____**LIST OF ADDITIONAL BUSINESS NAMES**

Please provide a list, organized by jurisdiction (City, State, Street Address), of each name under which the PEO has operated in the preceding five years, including any alternative names, names of predecessors, and if known, names of successor business entities:

CONTROLLING PERSONS' INFORMATION:

All persons who constitute a Controlling Person pursuant to Chapter 373L (HRS) must be listed below, along with the applicable and requested information for each Controlling Person. Each registered PEO must have at least one properly identified Controlling Person.

Controlling Persons Based on Ownership:

Please provide the below requested information regarding each person who, individually or acting in concert with any other person or persons, owns or controls, directly or indirectly, twenty-five percent or more of the equity interests of the PEO:

Full Name and Address	Phone	% Ownership

Management:

Please provide the below requested information regarding any person who serves as President or Chief Executive Officer of the PEO or who otherwise has the authority to act as a senior executive officer of the PEO and execute contracts on behalf of the PEO:

Full Name and Address	Title/Position	Phone

FINANCIAL INSTITUTION USED FOR PAYROLL

Financial Institution located in Hawaii: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____ Fax: _____

Email: _____

REQUIRED DOCUMENTS:

1. Provide a copy of the certificate of authority to transact business in this state, issued by the Director of Commerce and Consumer Affairs, pursuant to Title 23 or Title 23A, if applicable.
2. Provide a copy of the State of Hawaii Certificate of Vendor Compliance which shows a current COMPLIANT status. This is obtained through the Hawaii Compliance Express electronic system via the ehawaii.gov website.
3. Provide the name of each client company that is a party to a professional employer agreement with your company. Each client company name shall be provided to the department within twenty-one days of the initiation of the agreement and within twenty-one days of the termination of the agreement.
4. Provide a copy of the Internal Revenue Service Form W-3 that was most recently filed with the federal government.
5. Provide a surety bond or irrevocable letter of credit equivalent to the required bond amount, which is based on the previous year's payroll of the professional employer organization based on the Internal Revenue Service Form W-3.
 - 1) For professional employer organizations with a total payroll up to and including \$25,000,000, a bond or its irrevocable letter of credit equivalent to \$25,000.
 - 2) For professional employer organizations with a total payroll up to and including \$25,000,001 to \$150,000,000, a bond or its irrevocable letter of credit equivalent of \$75,000.
 - 3) For professional employer organizations with a total payroll up to and including \$150,000,001 and higher, a bond or its irrevocable letter of credit equivalent of \$250,000.

APPLICANT RESPONSIBILITY

The applicant PEO shall notify the Department as to any material change in any information provided on this application within thirty days of such change by the applicant.

CERTIFICATE OF APPLICANT

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the Hawaii Department of Labor and Industrial Relation's decision to grant the requested registration. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. I further certify that I grant permission to the Department to verify information provided by Applicant or its Controlling Persons with any federal, state, or local government agency, current or former employer, insurance company, financial institution or bonding company.

Signature _____

Date _____

Title _____

Please submit the completed application form and required documents by:

- Mailing to: PEO Registration Program
P.O. Box 3469
Honolulu, HI 96801

OR

- Hand delivering to: PEO Registration Program
King Kalakaua Building, Room 329
335 Merchant Street
Honolulu, HI 96813